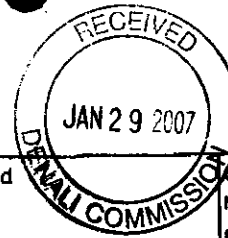
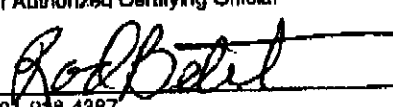


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 218-06		OMB Approval No. 0348-0038		Page of 1 of 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) Alaska State Hospital & Nursing Home Association, 426 Main Street, Juneau, AK 99801-1152							
4. Employer Identification Number 92-0034538		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 6/1/2006		To: (Month, Day, Year) 6/1/2008		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2006		To: (Month, Day, Year) 12/31/2006	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				787,785.72	557,057.75	1,344,843.47	
b. Recipient share of outlays				496,664.72	102,682.75	899,347.47	
c. Federal share of outlays				291,121.00	154,375.00	445,496.00	
d. Total unliquidated obligations							
e. Recipient share of unliquidated obligations						0.00	
f. Federal share of unliquidated obligations							
g. Total Federal share (Sum of lines c and f)						445,496.00	
h. Total Federal funds authorized for this funding period						3,000,000.00	
i. Unobligated balance of Federal funds (Line h minus line g)						2,554,504.00	
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate N/A		c. Base		d. Total Amount	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title Rod Betit, President/CEO, ASHNHA					Telephone (Area code, number and extension) 907-586-1790		
Signature of Authorized Certifying Official 					Date Report Submitted January 29, 2007		

ACCEPTED**ENTERED**